



FIRST Volunteer Conflict of Interest and Disclosure Statement



FIRST

Note: If you do not have a team affiliation, you do not have to complete this form.

Event Name: _____ Date: _____

Directions: Please indicate below the volunteer role you will serve in by checking the box next to the role name. Note: Roles are listed by Program.

FIRST LEGO® League Volunteer Positions	FIRST Tech Challenge Volunteer Positions	FIRST Robotics Competition Volunteer Positions
<input type="checkbox"/> Head Referee <input type="checkbox"/> Judge <input type="checkbox"/> Judge Advisor <input type="checkbox"/> Referee <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Tournament Director	<input type="checkbox"/> Control System Advisor <input type="checkbox"/> Dean's List Interviewer <input type="checkbox"/> Dean's List Reviewer <input type="checkbox"/> Field Manager <input type="checkbox"/> Field Technical Advisor <input type="checkbox"/> Head Referee <input type="checkbox"/> Judge <input type="checkbox"/> Judge Advisor <input type="checkbox"/> Referee <input type="checkbox"/> Robot Inspector <input type="checkbox"/> Scorekeeper	<input type="checkbox"/> Field Supervisor <input type="checkbox"/> FIRST Technical Advisor <input type="checkbox"/> FIRST Technical Advisor Assistant <input type="checkbox"/> Head Referee <input type="checkbox"/> Inspection Manager <input type="checkbox"/> Judge <input type="checkbox"/> Judge Advisor <input type="checkbox"/> Judge Advisor Assistant <input type="checkbox"/> Lead Robot Inspector <input type="checkbox"/> Lead Safety Advisor <input type="checkbox"/> Lead Team Queuer <input type="checkbox"/> Official Scorer <input type="checkbox"/> Referee <input type="checkbox"/> Robot Inspector <input type="checkbox"/> Safety Advisor <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Other _____

In the volunteer position indicated above: I will disclose to my Volunteer Lead/Supervisor any direct affiliation with a FIRST team and I will not attempt to influence any key volunteer positions.

I am directly affiliated with: Team #: _____ Team Nickname: _____

Check off your team relationship:	
<input type="checkbox"/>	Mentor/Coach
<input type="checkbox"/>	Family Member
<input type="checkbox"/>	Sponsor
<input type="checkbox"/>	Other (Please explain in space below)
Other explanation:	

By signing this document, I, the undersigned agree to disclose any direct relationship I may have with a FIRST team. I also agree, if I do have a relationship with a competing FIRST team, to follow the directions given to me during official training for my position this year, or if no specific instructions were given, to recuse myself from any discussions which involve my team.

Printed Name: _____ Signature: _____

Turn this form into your Volunteer Lead/Supervisor/Coordinator at the start of the event